

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90063 017 ****61.25

0020716

DOCUMENT # N95000000672

1. Entity Name

UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.

Principal Place of Business

1600 SW ARCHER ROAD
 ROOM N1-7
 GAINESVILLE FL 32610-0185
 US

Mailing Address

P.O. BOX 100185
 GAINESVILLE FL 32610-0185
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3301787

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNARD, PAMELA J
207 TIGERT HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	FRANK, ROBERT G	
STREET ADDRESS	PO BOX 100185 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANTER, J R M.D.	
STREET ADDRESS	P.O. BOX 100326 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0326	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES E	
STREET ADDRESS	226 TIGERT HALL, BOX 113150	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNS, KENNETH I.	
STREET ADDRESS	P.O. BOX 100215 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0215	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GARRIGUES, ROBERT	
STREET ADDRESS	PO BOX 100185 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CAROLYN	
STREET ADDRESS	115 N.E. 8TH AVE	
CITY-ST-ZIP	OCALA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert G. Frank*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01
 Date

352-392-0517
 Daytime Phone #

CR2E037 (10/00)